

**BOARD USE ONLY:**

Town/City/Ward/Dist: \_\_\_\_\_

Registration No: \_\_\_\_\_

Party: \_\_\_\_\_

Enrollment: \_\_\_\_\_

**New York State Special Ballot Application**

Please print clearly.

1. For use at this year's ☐ Primary Election ☐ General Election ☐ Special Election (please check one)

2. last name or surname

first name

middle initial

suffix

3. date of birth

4.

county where you live

5. address where you live (residence) street

apt

city

state

zip code

**NY**

6a. I am a registered (and for primary, enrolled) voter in this county, and I am unable to vote in person at my designated polling place, for the following reason:

☐ Election Law Section 11-300: It is against my religious scruples to vote at a polling place located in a premises used for religious purposes. (Ballot to be cast in person not earlier than one (1) week before the election and not later than the close of polls on election day.)☐ Deliver to me in person at the board of elections. (Delivery method available for all special ballot types.)

6b. I am a registered (and for primary, enrolled) voter in this county, and I am unable to vote in person at my designated polling place, for the following reason:

☐ Election Law Section 11-302: My duties as a Board of Elections Employee, election inspector, poll clerk, election coordinator, or voting machine custodian/technician require me to be elsewhere. (Ballot to be cast and returned in person or by mail not later than close of polls on election day.)☐ Election Law Section 11-306: I do hereby swear or affirm that I am a victim of domestic violence, and further that I have left my residence because of such violence, and further that because of the threat of physical or emotional harm to myself or to family or household members, I wish to cast a special ballot. (Ballots returned in person must be received by close of polls on election day. Ballots returned by mail must be postmarked no later than day of the election.)☐ Deliver to me in person at the board of elections. (Delivery method available for all special ballot types.)☐ Please mail to me. (Please provide mailing address. Delivery by mail only applies to Special Ballots for Poll Workers and Victims of Domestic Violence.) \_\_\_\_\_

Street Address

Apt. Number

City

State

Zip Code

**Applicant Must Sign Below**7. \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature or Mark of Voter\_\_\_\_\_  
Signature of Witness to Mark\_\_\_\_\_  
Address of Witness to Mark